

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
NEWNAN DIVISION

IN RE:)	CHAPTER 13
)	
ZYAUDDIN ABDULLAH)	CASE NO. 18-11246 - WHD
)	
)	
DEBTOR.)	

**DEBTOR'S AMENDMENT TO CHAPTER 13 SCHEDULES AND
SUMMARY OF SCHEDULES**

COMES NOW Debtor and amends the Chapter 13 Schedules to provide the following:

1. Debtor amends the Schedule E/F, as attached, to disclose and provide notice to the below unsecured creditor:

Social Security Administration
Suite B
246 Bullsboro Dr.
Newnan, GA 30263

Office of the General Counsel, David Mansfield
Office of Program Law, Social Security Administration
6401 Security Boulevard
Baltimore, MD 21235-6404

2. Debtor amends Schedule I, as attached, to update the Debtor's current monthly income.
3. Debtor amends Schedule J, as attached, to update the Debtor's current monthly expenses.
4. Debtor amends the Compensation of Attorney for Debtor, as attached.
5. Debtor amends the Summary of Schedules to reflect the changes listed below.

WHEREFORE, Debtor prays that this Amendment be allowed, and for such other and further relief as the Court deems appropriate and just.

[signature below]

Respectfully submitted,

Done, this 9th day November 2018

/s/

Craig A. Cooper
Ga. Bar No.941033
The Semrad Law Firm, LLC
303 Perimeter Center North, Suite 201
Atlanta, Georgia 30346
404-909-8665
ccooper@semradlaw.com

Fill in this information to identify your case:

Debtor 1	<u>Zyauddin</u>	<u>Abdullah</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)		
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Northern</u>	District of <u>Georgia</u>
		(State)
Case number (if known)	<u>18-11246</u>	

Official Form 106E/F

☒ Check if this is an amended filing

Schedule E/F: Creditors Who Have Unsecured Claims - Amended

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left, Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Georgia Department of Revenue Priority Creditor's Name 1800 Century Blvd Number Street Suite 17200 Atlanta Georgia 30345 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number <u>xxxx</u> When was the debt incurred? <u>n/a</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$0.00	\$0.00	\$0.00

2.2 Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Number Street Philadelphia Pennsylvania 19101 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number <u>3961</u> When was the debt incurred? <u>n/a</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$0.00	\$0.00	\$0.00
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Debtor 1 Zyauddin First Name Middle Name Abdullah Last Name Case number (if known) 18-11246

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

<p>4.1 BK OF AMER</p> <p>Nonpriority Creditor's Name PO BOX 1598</p> <p>Number Street</p> <p>NORFOLK Virginia 23501 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2168</p> <p>When was the debt incurred? 6/2015</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p>	<p>Total claim \$1,412.00</p>
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<p>4.2 CAPITAL BANK, N.A.</p> <p>Nonpriority Creditor's Name 110 Gibraltar Rd Ste 130</p> <p>Number Street</p> <p>Horsham Pennsylvania 19044 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0180</p> <p>When was the debt incurred? 10/2017</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p>	<p>Total claim \$117.00</p>
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<p>4.3 CAPITALONE</p> <p>Nonpriority Creditor's Name PO BOX 30253</p> <p>Number Street</p> <p>SALT LAKE CITY Utah 84130 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7582</p> <p>When was the debt incurred? 4/2016</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p>	<p>Total claim \$635.00</p>
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Debtor 1 Zyauddin Abdullah Case number (if known) 18-11246
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.4	CBNA Nonpriority Creditor's Name Po Box 6497 Number Street Sioux Falls South Dakota 57117 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8490</u> When was the debt incurred? <u>2/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$873.00
4.5	CCS/FIRST NATIONAL BAN Nonpriority Creditor's Name 500 E 60TH ST N Number Street SIOUX FALLS South Dakota 57104 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3475</u> When was the debt incurred? <u>4/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$504.00
4.6	CCS/FIRST SAVINGS BANK Nonpriority Creditor's Name 500 E 60TH ST N Number Street SIOUX FALLS South Dakota 57104 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0191</u> When was the debt incurred? <u>4/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$531.00

Debtor 1 Zyauddin Abdullah Case number (if known) 18-11246
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.7	CHASE CARD Nonpriority Creditor's Name BANK ONE CARD SERV 2500 WESTFIELD DRI Number Street ELGIN Illinois 60124 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5749</u> When was the debt incurred? <u>4/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$792.00
4.8	DISCOVER FIN SVCS LLC Nonpriority Creditor's Name PO BOX 15316 Number Street WILMINGTON Delaware 19850 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5472</u> When was the debt incurred? <u>4/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$3,156.00
4.9	JH PORTFOLIO DEBT EQUI Nonpriority Creditor's Name 5757 PHANTOM DR STE 225 Number Street HAZELWOOD Missouri 63042 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3081</u> When was the debt incurred? <u>1/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>001 UnknownLoanType</u>	\$1,233.00

Debtor 1 Zyauddin First Name Middle Name Last Name Abdullah Case number (if known) 18-11246

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

<p>4.10 <u>LVNV FUNDING LLC</u></p> <p>Nonpriority Creditor's Name <u>1161 Lake Cook Rd Ste E</u> Number Street <u>c/o Resurgence Legal Group</u> <u>Deerfield</u> <u>Illinois</u> <u>60015</u> City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7526</u></p> <p>When was the debt incurred? <u>10/2017</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>001 UnknownLoanType</u></p>	<p><u>\$1,433.00</u></p>
<p>4.11 <u>Social Security Administration</u></p> <p>Nonpriority Creditor's Name <u>401 West Peachtree Street Northwest, Suite 2860</u> Number Street <u>Atlanta</u> <u>Georgia</u> <u>30308</u> City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Overpayment</u></p>	<p><u>\$7,000.00</u></p>
<p>4.12 <u>SYNCF/CARE CREDIT</u></p> <p>Nonpriority Creditor's Name <u>C/O P.O. BOX 965036</u> Number Street <u>ORLANDO</u> <u>Florida</u> <u>32896</u> City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2967</u></p> <p>When was the debt incurred? <u>2/2016</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p>	<p><u>\$532.00</u></p>

Debtor 1 Zyauddin Abdullah Case number (if known) 18-11246
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13	TD BANK USA/TARGETCRED Nonpriority Creditor's Name PO BOX 673 Number Street MINNEAPOLIS Minnesota 55440 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6116 When was the debt incurred? 2/2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$2,015.00
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4.14	U S DEPT OF ED/GSL/ATL Nonpriority Creditor's Name PO BOX 2287 Number Street ATLANTA Georgia 30301 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5678 When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$4,253.00
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4.15	WELLS FARGO BANK Nonpriority Creditor's Name Po Box 24605 Number Street West Palm Bch Florida 33416 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4868 When was the debt incurred? 5/2015 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$108.00
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Debtor 1 Zyauddin Abdullah Case number (if known) 18-11246
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.16	WELLS FARGO BANK NV NA Nonpriority Creditor's Name PO BOX 10438 Number Street DES MOINES Iowa 50306 City State Zip Code	Last 4 digits of account number 0001 When was the debt incurred? 10/2015	\$4,592.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 060 InstallmentLoan			

4.17	WF CRD SVC Nonpriority Creditor's Name 3201 N 4TH AVE Number Street SIOUX FALLS South Dakota 57104 City State Zip Code	Last 4 digits of account number 8001 When was the debt incurred? 10/2015	\$1,128.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard			

Debtor 1 Zyauddin Abdullah Case number (if known) 18-11246
 First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Department of Justice, Tax Division

Name

75 Spring Street SW
 Number Street

Atlanta Georgia 30303
 City State Zip Code

Internal Revenue Service - Atl

Name

401 W Peachtree St. NW, Stop 334-D
 Number Street

Atlanta Georgia 30308
 City State Zip Code

Special Assistant U.S. Attorney

Name

401 W. Peachtree Street, NW, STOP 1000-D, Suite 600
 Number Street

Atlanta Georgia 30308
 City State Zip Code

United States Attorney's Office

Name

75 Spring Street, S.W., Suite 600, U.S. Courthouse
 Number Street

Atlanta Georgia 30303
 City State Zip Code

Office of the Attorney General - Atlanta

Name

40 Capitol Sq Sw
 Number Street

Atlanta Georgia 30334
 City State Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3961

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3961

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3961

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3961

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number xxxx

Debtor 1 Zyauddin Abdullah Case number (if known) 18-11246
 First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total claims
Total claims from Part 1	6a. Domestic support obligations.	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. \$0.00
		Total claims
Total claims from Part 2	6f. Student loans	6f. <u>\$4,253.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. <u>\$26,061.00</u>
	6j. Total. Add lines 6f through 6i.	6j. \$30,314.00

Fill in this information to identify your case:

Debtor 1	Zyauddin		Abdullah
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of Georgia	
Case number (if known)	18-11246		
	(State)		

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income - Amended

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed
☐ Not Employed

Bakery Clerk

Publix

370 Bullsboro Dr
Number Street

Newnan Georgia 30263
City State Zip Code

2 years 6 months

Debtor 2

- ☐ Employed
☐ Not Employed

Number Street

City State Zip Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	\$1,594.10	
3. Estimate and list monthly overtime pay.	+ \$0.00	
4. Calculate gross income. Add line 2 + line 3.	\$1,594.10	

Debtor 1 Zyauddin First Name	Abdullah Middle Name	Last Name	Case number (if known) 18-11246
--	--------------------------------	-----------	--

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$1,594.10	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$119.99	
5b. Mandatory contributions for retirement plans	5b. \$0.00	
5c. Voluntary contributions for retirement plans	5c. \$0.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	
5e. Insurance	5e. \$25.65	
5f. Domestic support obligations	5f. \$0.00	
5g. Union dues	5g. \$0.00	
5h. Other deductions. Specify: _____	5h. + \$0.00 +	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$145.64	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$1,448.46	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$148.90	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: _____	8h. + \$0.00 +	
9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$148.90	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. \$1,597.36	+ = \$1,597.36
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. + \$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		12. \$1,597.36
		Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Zyauddin	Abdullah
	First Name	Last Name
Debtor 2 (Spouse, if filing)		
	First Name	Last Name
United States Bankruptcy Court for the:	Northern	District of Georgia (State)
Case number (if known)	18-11246	

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses - Amended

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4.

\$500.00

If not included in line 4:

4a. Real estate taxes

4a

\$0.00

4b. Property, homeowner's, or renter's insurance

4b

\$0.00

4c. Home maintenance, repair, and upkeep expenses

4c

\$0.00

4d. Homeowner's association or condominium dues

4d

\$0.00

Debtor 1 Zyauddin Abdullah Case number (if known) 18-11246
 First Name Middle Name Last Name

	Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5. <u>\$0.00</u>
6. Utilities:	
6a. Electricity, heat, natural gas	6a. <u>\$100.00</u>
6b. Water, sewer, garbage collection	6b. <u>\$35.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$120.00</u>
6d. Other. Specify: _____	6d. <u>\$0.00</u>
7. Food and housekeeping supplies	7. <u>\$215.00</u>
8. Childcare and children's education costs	8. <u>\$0.00</u>
9. Clothing, laundry, and dry cleaning	9. <u>\$25.00</u>
10. Personal care products and services	10. <u>\$25.00</u>
11. Medical and dental expenses	11. <u>\$25.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments	12. <u>\$122.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$0.00</u>
14. Charitable contributions and religious donations	14. <u>\$0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. <u>\$10.00</u>
15b. Health insurance	15b. <u>\$0.00</u>
15c. Vehicle insurance	15c. <u>\$133.00</u>
15d. Other insurance. Specify: _____	15d. <u>\$0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. <u>\$0.00</u>
17b. Car payments for Vehicle 2	17b. <u>\$0.00</u>
17c. Other. Specify: _____	17c. <u>\$0.00</u>
17d. Other. Specify: _____	17d. <u>\$0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. <u>\$0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. <u>\$0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. <u>\$0.00</u>
20b. Real estate taxes.	20b. <u>\$0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d. Maintenance, repair, and upkeep expenses.	20d. <u>\$0.00</u>
20e. Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1 Zyauddin	Abdullah	Case number (if known) 18-11246
First Name	Middle Name	Last Name

21. Other. Specify: <u>P.O. Box Fee</u>	21	\$6.83
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22. Calculate your monthly expenses.		
22a. Add lines 4 through 21.		\$1,316.83
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$0.00
22c. Add line 22a and 22b. The result is your monthly expenses.	22.	\$1,316.83

23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a	\$1,597.36
23b. Copy your monthly expenses from line 22 above.	23b	\$1,316.83
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$280.53

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No

☐ Yes

Explain here:

Fill in this information to identify your case:

Debtor 1	Zyauddin		Abdullah
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Georgia
			(State)
Case number (if known)	18-11246		

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules - Amended

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1: Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Zyauddin Abdullah
Signature of Debtor 1

X _____
Signature of Debtor 2

Date 10/12/2018
MM/DD/YYYY

Date _____
MM/DD/YYYY

Fill in this information to identify your case:			
Debtor 1	Zyauddin	Abdullah	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Georgia
			(State)
Case number (if known)	18-11246		

☒ Check If this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information - Amended

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$0.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$11,992.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$11,992.00

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of *Schedule D*

\$14,924.00

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*

\$0.00

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*

\$30,314.00

Your total liabilities

\$45,238.00

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of *Schedule I*.....

\$1,597.36

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of *Schedule J*.....

\$1,316.83

Debtor 1 Zyauddin Abdullah Case number (if known) 18-11246
 First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes.

7. What kind of debt do you have?

- ☒ Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$627.28

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:

Total claim

9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$4,253.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$0.00
9g. Total. Add lines 9a through 9f.	\$4,253.00

United States Bankruptcy Court
Northern District of Georgia

In re Zyauddin Abdullah

Debtor(s)

Case No. 18-11246
Chapter 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept (Cost include: \$3,850.00 Attorney Fees, \$310.00 filing fees)	\$	<u>\$4,160.00</u>
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due	\$	<u>\$4,160.00</u>

2. The source of the compensation paid to me was:

☒ Debtor

☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor

☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

The debtor authorizes and directs the trustee to pay up to \$2810.00 of the above balance due in the event the case is dismissed or converted prior to confirmation of the plan.

The debtor authorizes and directs the trustee to pay any funds on hand towards the above balance if the case is dismissed or converted after confirmation of the plan.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: n/a

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Pursuant to General Order No. 22-2017, I certify that I provided to the debtor(s) a copy of the "Rights and Responsibilities Statement Between Chapter 13 Debtors and Their Attorneys."

November 09, 2018

Date

/s/

Craig A. Cooper 941033

Signature of Attorney

The Semrad Law Firm, L.L.C.

303 Perimeter Center N

Suite 201

Atlanta, GA 30346

678-668-7160 Fax: 877-601-7063

atlcourtdocs@gmail.com

Name of law firm

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
NEWNAN DIVISION

IN RE:)	CHAPTER 13
)	
ZYAUDDIN ABDULLAH)	CASE NO. 18-11246 - WHD
)	
)	
DEBTOR.)	

CERTIFICATE OF SERVICE

I hereby certify under penalty of perjury that I am more than 18 years of age, and that on this day; I served, or caused to be served, a copy of the foregoing amended schedules upon the following by depositing a copy of the same in U.S. Mail with sufficient postage affixed thereon to ensure delivery:

Zyauddin Abdullah
P.O. Box 603
Newnan, GA 30264

Social Security Administration
Suite B
246 Bullsboro Dr.
Newnan, GA 30263

Office of the General Counsel, David Mansfield
Office of Program Law, Social Security Administration
6401 Security Boulevard
Baltimore, MD 21235-6404

I further certify that, by agreement of parties, Melissa J. Davey, standing Chapter 13 Trustee, was served via the ECF electronic mail/noticing system.

Done, this 9th day November 2018

/s/ _____
Craig A. Cooper
Ga. Bar No.941033
The Semrad Law Firm, LLC
303 Perimeter Center North, Suite 201
Atlanta, Georgia 30346
404-909-8665
ccooper@semradlaw.com

SUPPLEMENTAL CREDITOR ADDRESS MATRIX

**Social Security Administration
Suite B
246 Bullsboro Dr.
Newnan, GA 30263**

**Office of the General Counsel, David Mansfield
Office of Program Law, Social Security Administration
6401 Security Boulevard
Baltimore, MD 21235-6404**